## SENATOR KELLY A. AYOTTE

Flag Request

Received:

Shipped:

Staff:

Name:				Home Phone:			
Address:			Cell Phone:				
				Work Phone:			
City/State/Zi				Email Address	s:		
RECIPIEN'	T INFORMA	TION					
Recipient's N	Name						
Recipient's A						•	
•	City/State/Zip						
Recipient s		MAIL FLAG TO:	□ Reque			- pient	
FLAG CER	TIFICATE I	NFORMATION					
date you wou	uld like the fla	-	his date should be at le	*	=	ng Fee. Please note the oday's date. Please	
Date to be Flown:		(\$5.00 Fee) As Soon as Possible ( $$ )		≥ (√)	(No Fee)		
-			on of someone or to co	_		or occasion and would	
Name:							
Occasion:							
TYPE AND	PRICING						
Quantity	Size	<u>Fabric</u>	Total Cost Each	<u>T</u>	<u> Totals</u>		
	3x5	Nylon	\$19.00				
	3x5	Cotton	\$20.00				
	5x8	Nylon	\$29.00				
	5x8	Cotton	\$32.00				
	Flying Fee	e	\$5.00				
			Grand T	otal:			

Check or money order must be payable to **The Keeper of the Stationery**. Requests and payments should be mailed to:

Office of Senator Kelly Ayotte 1200 Elm Street, Unit 2 Manchester, NH 03101 Questions? Dial 202.224.3324